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| --- | --- | --- | --- | --- | --- | --- |
| C:\Users\LHickman\Desktop\Beacon_Logo_2014_NOSTRAP.jpg. |

|  |  |
| --- | --- |
|  | Helping local people with sight loss |
| Wolverhampton Road EastWolverhampton WV4 6AZ | T 01902 880 111F 01902 886 795 | E enquiries@beaconvision.orgW www.beaconvision.org |

 *Registered Charity No.: 216092* |
|  |  |

# APPLICATION FOR EMPLOYMENT

|  |  |
| --- | --- |
| Position applied for: |  |
| **YOUR DETAILS** |  |
| Title: |  |
| Surname/Family Name: |  |
| Forename(s): |  |
| Contact telephone number  | Day: Evening:  |
| E-mail address: |  |
| Address: |  |
|  |
|  | Post Code: |  |

|  |  |  |
| --- | --- | --- |
| Do you need a work permit to be employed in the UK? |  YES |  NO |
| If you have answered yes to the above question, do you have a valid work permit? |  YES |  NO |

**PRESENT OR MOST RECENT EMPLOYMENT**

|  |  |
| --- | --- |
| Name of Employer: |  |
| Address |  |
|  | Date Employment started: |  |
| Job Title: | Salary: |
| Date left or period of notice required: |  |
| Reason for leaving (if applicable): |
| Description of duties: |

|  |
| --- |
| **PREVIOUS EMPLOYMENT (MOST RECENT FIRST)** |
| FromMonth/Year | ToMonth/Year | Employer | Description of Main Duties & Reason for Leaving |
|  |  |  |  |

|  |
| --- |
| EDUCATION |
| Examinations/Qualifications*Include those to be taken and non-examined courses, e.g. NVQ* | Awarding Body/Institute | Date of Qualification | Grades  |
|  |  |  |  |

|  |
| --- |
| RELEVANT TRAINING  |
| Please list training courses you have attended: | Date |
|  |  |
| INFORMATION IN SUPPORT OF YOUR APPLICATION |
| Please give details below of skills, abilities, experience you have that are relevant to the vacancy applied for, including any voluntary work and community work: |

|  |
| --- |
| OTHER INFORMATION |
| Do you have regular use of a car or motorcycle? |  YES |  NO |
| Do you have a valid driving licence?If yes, list categories |  YES |  NO |
| Do you have any current endorsements? |  YES |  NO |
| If YES, give details: |

**REHABILITATION OF OFFENDERS ACT 1974**

|  |  |  |
| --- | --- | --- |
| Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? |  YES |  NO |
| If ‘yes’, please provide details: |
| You may be requested to apply for a DBS Check in relation to the post for which you are applying, further information included. |

|  |
| --- |
| REFERENCESPlease provide the names, addresses and occupations of two persons for references. If you are currently in employment, please give present employer. Students should give senior tutor or studies supervisor. If unemployed, please give most recent employer.  |
| Name: |  |  | Name: |  |
| Occupation: |  |  | Occupation: |  |
| Present Employer: |  |  |
| Address: |  | Address: |
|  |  |  |
| Telephone No:  |  |  | Telephone No: |  |
| E-mail address: |  |  | E-mail address: |  |

#### I certify that the stated information on this application form and in all other supporting papers are true and correct. Failure to give correct information may result in an offer of employment being withdrawn, or disciplinary action or dismissal at a later date.

**Signature: ……………………………………………………. Date: ……………………………..**

#### Please return this form to hr@beaconvision.org or to the HR Department, Beacon Centre for the Blind, address as front page.



###### EQUALITY MONITORING FORM

Beacon wishes to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. We need your help and co-operation to enable us to do this, but filling in this form is voluntary. On receipt, this form will be detached from your application and will not be considered as part of the candidate selection process.

|  |  |
| --- | --- |
| Surname/Family Name: |  |
| First Name (s): |  | Title: |  |
| Date of Birth: |  |
| Gender: |  Male Female Non-binary Prefer not to say  |
| I would describe my race or ethnic group as:ASIAN OR ASIAN BRITISH[ ]  Bangladeshi [ ]  Indian [ ]  Pakistani [ ]  Any other Asian BackgroundBLACK OR BLACK BRITISH[ ]  African [ ]  Caribbean [ ]  Any other Black BackgroundCHINESE OR OTHER[ ]  Chinese [ ]  OtherMIXED[ ]  Asian & White [ ]  Black African & White [ ]  Black Caribbean & White [ ]  Any other mixed backgroundWHITE [ ]  British [ ]  Irish [ ]  Any other White background[ ]  Do Not Wish to disclose  |
| Nationality: |  |
| Religion: |  |  Do not wish to disclose |

|  |
| --- |
| The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment that has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) negative effect on their ability to do normal daily activities. |
| Under this definition, do you consider yourself to have a disability? |  YES |  NO |  Do not wish to disclose |
| If ‘YES’ please specify the nature of the disability: |
| Are there any adjustments that Beacon Centre would need to make to help you for the purpose of: |
| a. The Job |  |
| b. The Interview |  |

I certify that I have read and understood the above and that the information I have given is true and correct.

Signature: ……………………………………………….. Date: …………………………………..